

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-015239

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **245**

STATE FILE NUMBER

FILED MAY 13 1963

VS 300
Rev. 4/59

DATE AMENDED
5/24/63

INSTEAD OF
May 27, 1885

SHOULD READ
May 28, 1884

ITEM NO. **8**

Application for Hosp. Cert. and
Statement to be prepared by or railroad
Surgeon or Ins. Dept. 1/30/63
DOCUMENT CERTIFICATION
BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital		d. STREET ADDRESS (If outside, give location) 1629 Thilenius	
3. NAME OF DECEASED (Type or print) First Jesse Middle Glenn Last Young		4. DATE OF DEATH Month May Day 8 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-28-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R Co.	
11a. BIRTHPLACE (City and state or country) Jackson Mo.		11b. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Leander Young		13b. MOTHER'S MAIDEN NAME Roana Strong	
14. NAME OF HUSBAND OR WIFE Viola Young		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. INFORMANT Mrs Viola Young Cape Gir. Mo.		17. ADDRESS Cape Gir. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal Carcinoma trans DUE TO (b) Carcinoma of Rectum DUE TO (c) Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 3 mos 1 yr. 6 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10:15 a.m. Month, Day, Year 7/29/57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Missouri	
20g. COUNTY Cape Girardeau		20h. STATE Missouri	
21. I attended the deceased from 7/29/57 to 5/8/63 and last saw him alive on 5/8/63 Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. H. Magarity, M.D.	
22b. ADDRESS 1912 Broadway Cape Girardeau, Missouri		22c. DATE SIGNED 5/9/63	
23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE 5-10-1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) Cape Girardeau Mo.
24. FUNERAL DIRECTOR Brinkopf Howell Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. 5-11-1963	
26. REGISTRAR'S SIGNATURE J. H. Magarity		27. REGISTRAR'S SIGNATURE J. H. Magarity	

JUL 8 1966

880-476

FEB 11 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Neil H. Grosshender

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

TAKEN TO DR MCGINLEY 5-9-63